

**CLAIMS ONLY**

Application Number

**Filing Date**

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2	1					
3						
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50						
Total Indep	1					
Total Depend	13					
Total Claims	14					

May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						